



RSA

RETURNED / SERVICE

I hereby apply for membership of the Waiheke Returned Services Association (Inc.), my details are listed below.

SURNAME:		GIVEN NAME:	
ADDRESS: STREET & NUMBER	SUBURB	CITY	POST CODE
OCCUPATION:		DATE OF BIRTH:	
Would you like to volunteer to help your club or fellow club members:		<input type="checkbox"/> Yes	<input type="checkbox"/> NO
TELEPHONE: HOME: MOBILE:		EMAIL:	

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTARY PROOF OF SERVICE - WHICH MUST ACCOMPANY THIS APPLICATION - IT WILL NOT BE PROCESSED WITHOUT SUCH PROOF

ARM OF SERVICE:	SERVICE NUMBER:
WAR/ACTIVE SERVICE DETAILS:	

RSA Club Card Acceptance Form

By signing this agreement, I acknowledge that I agree to receive communications from the RNZRSA and Waiheke RSA about news, special deals and promotions for RSA members from their partners including club monthly newsletters.

At no time will your information be sent to any third party without your consent.

I acknowledge that I will be subjected to the Rules and Regulations of the Association, and I agree abide by these Rules and Regulations.

Applicant's Signature:

Date:

FEES:	Returned or Service member	\$25
	Returned or Service member over 70 years of age	\$15
	Returned or Service member over 90 years of age	FREE

<u>ID Sighted</u>	NZ Drivers Licence	
	HANZ 18 + Card	
	Passport	
Pending meeting:	Executive committee meeting:	
	New Card number allocated:	
Fee received:	\$	Staff Signature: